



**Safety Expo  
Exhibitor Registration**

**Target Zero**

**Oak Ridge Mall  
June 21, 2006**

☐ External Company

☐ BWXT Y-12 Internal Organization

NAME OF COMPANY OR ORGANIZATION (as you want it to be printed in brochure)

POINT OF CONTACT	NAME	E-MAIL ADDRESS
	PHONE NUMBER	FAX NUMBER

EXHIBIT THEME (for example, Health and Wellness, Personal Safety, Home Safety)

Please provide a detailed description of your exhibit, emphasizing how it is related to the health and safety field. Provide a copy of any literature that you anticipate distributing and a list of any items to be given away.

PREFERRED LOCATION	Please check one. <input type="checkbox"/> Outside on paved area <input type="checkbox"/> Outside under a tent <input type="checkbox"/> Inside		
	If you wish to be located near another exhibitor, please specify.		
SPACE AND FURNITURE REQUIREMENTS  (includes 1 table and 2 chairs)	WALL FOOTAGE	If you will require us to furnish more than one table and two chairs, please indicate in the spaces below. Please note that last-minute additions might not be possible.	
	AREA SQUARE FOOTAGE OR APPROXIMATE SIZE (for example, 100 sq. ft. or 10' x 10')	NUMBER OF <u>ADDITIONAL</u> TABLES	NUMBER OF <u>ADDITIONAL</u> CHAIRS
	Please provide a sketch of proposed exhibit if it will assist with preparations.		
UTILITY SERVICES REQUIREMENTS	ELECTRICAL <input type="checkbox"/> 120V _____ amps <input type="checkbox"/> 240V _____ amps		
	OTHER		
SPECIAL NEEDS			

**SEND COMPLETED APPLICATIONS BY MAY 17, 2006 TO:**

**EXTERNAL COMPANIES\***

**Brian Tisdale**  
TFL@y12.doe.gov  
(865) 241-8696 phone  
(865) 576-0024 fax

**INTERNAL ORGANIZATIONS**

**Brian Polson**  
B9P  
576-2735 phone  
576-0024 fax

\*There is no cost to exhibit.

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